

**ARIZONA LAW ENFORCEMENT MERIT SYSTEM COUNCIL**

**TRAINING AND EXPERIENCE SUPPLEMENT**

**FOR**

**INFORMATION TECHNOLOGY PROJECT MANAGER**

**Selection Process I.D.#**

**7697/--/0107.E1**

**NAME** \_\_\_\_\_

**LAST FOUR DIGITS OF SSN#** \_\_\_\_\_

**JANUARY 2007**

## **INFORMATION TECHNOLOGY PROJECT MANAGER**

### **SUPPLEMENT TO APPLICATION**

#### **DIRECTIONS**

This supplement, along with your application, will be used to determine your eligibility for the classification of Information Technology Project Manager for the Department of Public Safety. Your written response to these questions will be reviewed to evaluate your experience and your ability to present information in a logical and easily understood manner. Only those candidates with the most job-related backgrounds and expertise will be invited to continue in the selection process.

- **TYPE OR PRINT YOUR RESPONSE TO EACH QUESTION**
- **YOU MAY ATTACH ADDITIONAL PAGES TO THIS SUPPLEMENT**
- **CLEARLY IDENTIFY THE QUESTION YOU ARE ANSWERING**

## INFORMATION TECHNOLOGY PROJECT MANAGER

### SUPPLEMENT TO APPLICATION

1. Indicate your total years of mainframe experience by placing a check mark (√) in the appropriate box. Please document this experience to include a description of your experience, name and address of employer(s) and title of your position(s). PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.

MAINFRAME ENVIRONMENT				
1-3 yrs	4-6 yrs	7-8 yrs	9-10yrs	11+yrs

2. Indicate your total years of Client Server/Multiple Platform/Intelligent Network experience by placing a check mark (√) in the appropriate box. Please document this experience to include a description of your experience, name and address of employer(s) and title of your position(s). PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.

CLIENT SERVER/MULTIPLE PLATFORM/INTELLIGENT NETWORK				
1-2 yrs	3-4 yrs	5-6 yrs	7-8 yrs	9+yrs

3. Indicate your total years of Analog to Digital networks experience by placing a check mark (√) in the appropriate box. Please document this experience to include a description of your experience, name and address of employer(s) and title of your position(s). PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.

ANALOG TO DIGITAL NETWORKS				
1-2 yrs	3-4 yrs	5-6 yrs	7-8 yrs	9+yrs

4. Place a check mark (✓) in the appropriate space(s) below to indicate your experience in **evaluating subordinates' work** in the following areas. Please document this experience specifically naming your employer and dates of employment that pertain to the experience. PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.

Supervising/Evaluating Subordinates Work in Technical Areas

- ☐ Mainframe  
☐ OS390 Operating System  
☐ Domino Lotus Notes  
☐ UNIX AIX Servers  
☐ Client Server  
☐ Novell and/or Cisco Networks  
☐ Multiple Platforms  
☐ Personal Computers (Windows XP, Web Browser technologies)  
☐ Analog to Digital networks  
☐ IT Project Processes

5. Place a check mark (✓) in the appropriate space(s) below to indicate your experience **managing** a professional multi-disciplined staff in the following areas. Please document this experience specifically naming your employer and dates of employment that pertain to the experience. PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.

MANAGING EXPERIENCE TECHNICAL AREAS	EXPERIENCE WITHIN LAST				
	5 yrs	10 yrs	15 yrs	18 yrs	20 yrs
Mainframe(s)					
OS390 Operating System					
Domino Lotus Notes					
UNIX AIX Servers					
Client Server					
Novell and/or Cisco Networks					
Multiple Platforms					
Personal Computers (Windows NT, Web Browser technologies)					
Analog to Digital networks					
Project Management software					

6. Indicate your total years of **project management** experience and how recent your experience is, to include coordinating and supervising projects and people toward the successful accomplishment of project goals, by placing a check mark (√) in the appropriate boxes. Please document this experience to include a description of your experience, responsibilities for the project(s), the time span, and the name and address of employer(s) and title of your position(s). PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.

<b>PROJECT MANAGEMENT EXPERIENCE</b>				
TOTAL YEARS OF EXPERIENCE				
1-3 yrs	4-6 yrs	7-8 yrs	9-10 yrs	11+
EXPERIENCE WITHIN LAST				
1-5 yrs	6-10 yrs	11-15 yrs	16-20 yrs	20+ yrs

7. Indicate your total years of experience in developing and maintaining effective **interpersonal relations specifically with other governmental agencies** by placing a check mark (√) in the appropriate box. Please document this experience to include a description of your experience and the name and address of employer(s) and title of your position(s). PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.

<b>INTERPERSONAL RELATIONS WITH OTHER GOVERNMENTAL AGENCIES</b>				
1-2 yrs	3-4 yrs	5-6 yrs	7-8 yrs	9+

## **CERTIFICATE OF APPLICANT VERIFICATION**

By my signature, I certify that all answers on this training and experience questionnaire are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration or my employment with the Arizona Department of Public Safety terminated.

Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_